

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>9/27/00</i>
O.I.P.E. CLASSIFIER			<i>5 11-5-00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>6-189</i>	<i>11-13-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 \_\_\_\_\_ Allowed  
 (Through numeral) \_\_\_\_\_ Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
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